

RE: HB-5389 An Act Concerning the Pallative Use of Marijuana

I feel great empathy for adults in chronic pain, and others who would get medical benefits by smoking marijuana. However, because of the complex nature of the issue, this illegal drug alternative should be one's absolute last option.

I have a few comments for your consideration.

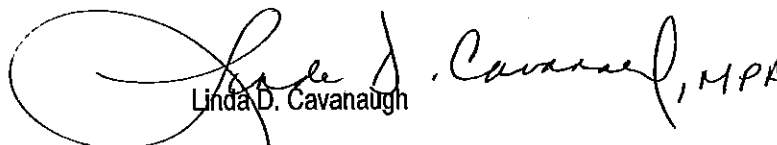
- 1) **Child Health & Safety:** The law would make it illegal marijuana to use it in view of anyone under 18 years of age--but realistically, how can that be implemented in households? Does that put young people at risk, exposing them to potential health hazards, and exposing them to drug use unnecessarily? Is DSS or the health department or law enforcement going to monitor "at risk" children under 18 residing in homes where palliative marijuana use is practiced? Does the family composition have to be reported to Consumer Protection or some public agency administering the law? Passing this law tends to discriminate against people under 18 with medical conditions covered by this law such as cancer, HIV/AIDS and epilepsy. They have to tough it out. And on the other hand, healthy children might be exposed to marijuana---the procedures involved, breathing second hand smoke that remains in the air after a treatment, etc. The health and safety of children must be addressed appropriately.

- 2) **Costs to Taxpayers:** What is the cost-benefit to the state? In Connecticut, what is the estimated number of patients, who have tried currently available, legal medications and procedures to resolve their medical issues, and still require palliative use of marijuana? What is the cost to implement this program?

As written, the law requires staff time and money in Department of Consumer Protection, the State Treasurer's office, interaction with law enforcement officials, interaction with pharmacies, establishment and monitoring of grower sites, maybe even DSS or state health department concerns. How many staff hours are needed to oversee and administer this law? What dollar amount does it work out to per person served, per year?

And what of the additional professional and administrative costs to doctors that will likely be passed on to patients-- the costs to patients of the medical marijuana and related supplies that may not be covered by insurance, the cost to pharmacies that have to acquire the drugs and meet yet another set of administrative standards.

- 3) **Program Priority:** You, our legislators, have a fiduciary responsibility to us. In this time of austerity and cuts, where other programs, staff, and services have been substantively reduced or eliminated entirely, it is not enough for a program to be worthwhile, it must be a high enough priority item that have a positive effect on majority of the citizens of Connecticut. We can't afford boutique programs any more. Please, just say no.


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